

Foster Family Home - Deficiency Report

Provider ID: 1-200054

Home Name: Maxima Raymundo, NA

Review ID: 1-200054-3

91-275 Kaieleele Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 9/27/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d1) Client 1 and 2 Medication errors and discrepancies between the Medication administration record / prescription label bottle. There are no signed MD order available

No [REDACTED] is present for client 1 or 2

Foster Family Home	Records	[11-800-54]
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54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(2) Service plan for client #1 is not present in the CCFFH

54.(c)(2) Service plan for client # 2 has discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(3) No signed MD orders present for client 1 or 2

54.(c)(8) Client #1 and 2 Personal inventory sheet is blank and not signed

54.(c)(7) No proof of Expenditure records for client # 2


Compliance Manager

Primary Care Giver

9/27/21
Date
9/27/21
Date